

3. **STATUS OF CLAIMS**

Claims 59-64 and 66-78 are currently pending, and claims 59-64 and 66-78 are currently under final rejection and, thus, are the subject of this appeal.

4. **STATUS OF AMENDMENTS**

All amendments made to the claims have been entered. No amendments have been made following the Final Office Action mailed April 1, 2003.

5. **SUMMARY OF THE INVENTION AND OF THE DISCLOSED EMBODIMENTS**

The present techniques relate generally to medical diagnostics and imaging systems which are configured to execute protocols for examinations, image acquisition, and so forth. *See* Application, page 1, lines 6-8. More particularly, the present invention relates to a technique for making such protocols available to a system user, for easily selecting such protocols and installing them for use, and for transmitting protocols to a diagnostic system where they can be executed. *See* Application, page 1, lines 8-11.

A number of modalities currently exist for medical diagnostics and imaging systems, such as computed tomography (CT) systems, x-ray systems, magnetic resonance (MR) systems, positron emission tomography (PET) systems, ultrasound systems, nuclear medicine systems, and so forth. *See* Application, page 1, lines 22-26. To acquire an image of features of interest within a patient, image data acquisition and processing circuitry are often used to create a reconstructed image. *See* Application, page 2, lines 4-11. Imaging or examination protocols are often employed to perform a series of functions that are designed to produce image data which may be later reconstructed. *See* Application, page 2, lines 13-25. These protocols may be installed initially or may be loaded to the system at a later time. *See* Application, page 2, line 27 to page 3, line 3. While current protocol distribution and upgrade systems may be used, these systems do not provide operational personnel with sufficient information on how to execute or implement the protocol, configure parameters most useful in executing the protocol, and

so forth. *See* Application, page 3, lines 5-19. Generally, technical manuals are consulted or personnel may contact a protocol vendor to obtain information on installation and configuration parameters. *See id.*

Despite this need for improved techniques for providing protocols in medical diagnostic equipment, no satisfactory solution had yet been proposed prior to the present technique. Appellants have developed techniques for handling imaging and diagnostic systems protocols. The system may be integrated in a scanner interface which includes pages accessible through a browser type or other graphical user interface system. *See* Application, page 3, line 30-page 4, line 2. At least one of the pages may be devoted to a listing and description of protocols installed or available for particular scanners. *See* Application, page 4, line 2-4. The system may be employed on central management station that allows the scanner to access information on configuration parameters or protocols to be loaded for specific examinations. *See* Application, page 4, lines 4-9. Also, new or improved protocols may be available through an interactive communications system that links the scanner to a centralized service facility. *See* Application, page 4, lines 11-13. The service center may also provide a library of available protocols that may be installed on memory media and transmitted via a network. *See* Application, page 4, lines 15-20.

Referring to the description of the exemplary system provided in the Application, diagnostic systems 12 and 14 may communicate with a service center processing system 84. *See* Application, Fig. 2; page 11, lines 2-10. In exchanging information between a remote service facility or a diagnostic system and/or a field service unit, a series of interactive user viewable pages may be implemented to assist the user in selecting a protocol. *See* Application, page 19, lines 23 to page 20, line 2. As shown in Fig. 7, an application page 192 may be accessed to provide the user with information regarding the service request 180, documents, 196, protocols, 198, or other viewed features. *See* Application, page 20, line 23 to page 21, line 2. As illustrated in Fig. 11, an interface page may provide a listing of available software, uploading of such software for a

particular modality or downloading the software from a library or service facility. *See* Application, page 24, line 29 to page 25, line 3. As shown in the protocol screen 236, a list of imaging protocols is included, along with a description of the protocol and associated parameters. *See* Application, page 25, line 16-22. For each protocol provided in the listing, a condensed image or thumbnail sketch 242 of the type of image available through the application of the protocol is shown on the protocol screen 236. *See id.* This list may be sorted based on anatomy imaging or acquisition technique, physiological condition or pathology, and so forth. *See* Application, page 25, line 22-25. As such, the user may upload examination configurations by selecting the thumbnail image or text associated with a particular protocol. *See* Application page 25, line 30 to page 26, line 4.

6. **ISSUES**

**Issue No. 1:**

Whether claims 59, 60, 66, and 68 are unpatentable under 35 U.S.C. § 103(a) as rendered obvious by Wood et al. (U.S. Patent No. 5,891,035) in view of Reeder (U.S. Patent No. 5,852,812).

**Issue No. 2:**

Whether claims 61 and 64 unpatentable under 35 U.S.C. § 103(a) as being rendered obvious by Wood et al. (U.S. Patent No. 5,891,035) in view of Reeder (U.S. Patent No. 5,852,812) and Official Notice.

**Issue No. 3:**

Whether claims 62 and 63 are unpatentable 35 U.S.C. § 103(a) as being rendered obvious by Wood et al. (U.S. Patent No. 5,891,035) in view of Reeder (U.S. Patent No. 5,852,812) and Wyman (U.S. Patent No. 5,260,999).

**Issue No. 4:**

Whether claim 67 is unpatentable under 35 U.S.C. § 103(a) as rendered obvious by Wood et al. (U.S. Patent No. 5,891,035) in view of Reeder (U.S. Patent No. 5,852,812) and in view of Clark et al. (U.S. Patent No. 5,982,917).

**Issue No. 5:**

Whether claims 69 and 71-73 are unpatentable under 35 U.S.C. § 103(a) as being rendered obvious by Wood et al. (U.S. Patent No. 5,891,035) in view of Reeder (U.S. Patent No. 5,852,812) and Official Notice.

**Issue No. 6:**

Whether claim 70 is unpatentable under 35 U.S.C. § 103(a) as being rendered obvious by Wood et al. (U.S. Patent No. 5,891,035) in view of Reeder (U.S. Patent No. 5,852,812), Official Notice, and admitted prior art.

**Issue No. 7:**

Whether claims 74-76 are unpatentable under 35 U.S.C. § 103(a) as being rendered obvious by Wood et al. (U.S. Patent No. 5,891,035).

**Issue No. 8:**

Whether claims 77 and 78 are unpatentable under 35 U.S.C. § 103(a) as being rendered obvious by Wood et al. (U.S. Patent No. 5,891,035) in view of Official Notice.

**7. GROUPING OF CLAIMS**

In regard to Issue No. 1, independent claim 59 and dependent claims 60, 66, and 68 will stand or fall with independent claim 59.

In regard to Issue No. 2, dependent claims 61 and 64 will stand with independent claim 59, but will fall separately.